ANNUAL REPORT, 1980

# National Analysis of Official Child Neglect and Abuse Reporting

The American Humane Association
Child Protection Division
9725 East Hampden Avenue
Denver, Colorado 80231

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# INTRODUCTION

## The National Study on Child Neglect and Abuse Reporting

The National Study on Child Neglect and Abuse Reporting is a project conducted by the American Humane Association (AHA) and funded through the National Center on Child Abuse and Neglect in the Department of Health and Human Services. One of the National Study's basic functions is to receive and analyze official reports of child maltreatment documented by the states, the District of Columbia, and U.S. territories (together, "jurisdictions") in order to be able to describe the status of this problem on the state and national levels. The information generated by the National Study is widely disseminated among other researchers, the media, advocacy groups, legislators, and social service professionals and state officials concerned with the planning for and delivery of child protective services.

For those jurisdictions that submit individual case data, AHA provides both routine output at regular intervals as well as special analyses as requested. Other interested persons can request special analyses of the National Study data on a cost reimbursement basis. While state-specific data are not released to other than state personnel, requests for analyses related to specific reporting issues are encouraged.

Finally, since the accuracy, and therefore the usefulness, of reporting statistics depends to a considerable extent on the quality of state reporting systems, another basic function of the National Study project has been the provision of consultation and training related to system design and operation as well as data utilization.

## Purpose and Description of the Report

The National Analysis of Official Child Neglect and Abuse Reporting, 1980, presents a descriptive analysis of data derived from child maltreatment reports documented nationwide during 1980. First, a general overview of reporting is provided, including: individual jurisdiction totals; and summary statistics based on those reports contained in the National Study's data base with the discussion emphasizing trends over time. Subsequently, selected issues related to reporting are addressed by examining the results of cross tabulations. Finally, summary and conclusions are presented that include the implications of the findings for policy related to child protective services.

It is important to note that for the most part, this report is based on data provided by those jurisdictions that submitted individual case data (N=39), as opposed to the aggregated statistics submitted by the remainder (N=15). Individual case data can be manipulated and organized into the discrete categories used in the various analyses; aggregated data cannot. The aggregated statistics are, however, used in deriving the total numbers of reports both for the individual jurisdictions as well as for the nation as a whole.

## Procedures for Individual Case Data Collection and Analysis

The jurisdictions that submit individual case data do so voluntarily. Most often, participation in the National Study is integrated into the jurisdiction's child protective services management information system. Data are submitted in one of two ways: non-identifying copies of official reporting forms, or a data tape that contains reporting form data organized by case.

Each form received by the National Study is subjected to a desk edit. Forms that meet minimal standards of completeness and correctness are transmitted using a key to disk procedure. A verification procedure as well as a comprehensive set of edit functions are then applied to ensure that the data meet more rigorous standards. Data that meet these standards are then entered into the National Study data base. Forms that fail editing at any point are either corrected by the Study staff or returned to the originating participant jurisdiction for correction and resubmittal. All data received on magnetic tape are also subject to edit checks, but for the most part, problematic tape data cannot be corrected; rather these data are omitted from subsequent analyses.

Potentially any state reporting form is appropriate for collection of National Study data. However, only those data items that are compatible with the Study's masterfile can be used. The jurisdictions can and do vary in terms of how much of their data can be actually included in the data base.

Data compatibility is determined through a mapping process, which essentially entails verifying with the jurisdiction that the purpose and meaning of a particular data element on their form or data file are the same as those of a corresponding National Study data element.

It is readily apparent that the total number of reports used in each data table varies. This is a function of two types of required data completeness: the actual existence of compatible data elements; and the occurrence of compatible combinations of data elements that constitute a data category or variable.

Specifically, for inclusion in national distributional analyses (as opposed to simple frequency analyses), a jurisdiction's form must be able to capture data that meet minimal sufficiency criteria. In other words, the number of available data items captured by any data category must be sufficient in order to adequately represent the category. Therefore, even though a jurisdiction is able to collect some data for a particular category, they will not be included in the national distribution output tables if the category does not meet the sufficiency criteria. For example, with respect to the "source of report" category "medical personnel", the jurisdiction must be able to capture "private physician", "hospital/clinic physician", and one other type of medical personnel to ensure representativeness of the "medical personnel" category. Of course, if the data form only indicated "medical personnel", it would be compatible because the entire category is represented. Each of the seven categories of reporting sources used in the national distribution must be represented as well in order for the jurisdiction's data to be included in a national analysis related to reporting sources.

Another factor to consider when reading the various tables is that for inclusion in a contingency table, the data source must have both data categories present, and they both must have met the sufficiency criteria. Consequently, the percentages pertaining to a particular variable vary from one table to another depending upon the combination of states included. Note, however, that it is not the absolute values for each variable that constitute the focus of any contingency analysis, but rather the relationships between variables.*

The reader is asked to note that as of 1979, the National Study has not restricted the various national analyses to substantiated reports. In some jurisdictions, families are now served regardless of substantiation status. In others, reports are labeled as neither substantiated nor unsubstantiated; categories such as "some evidence" or "at risk" are being used more often. In addition to variation in the use of substantiation as the primary criterion for providing service, there is also considerable variation in how substantiation itself is determined. In some jurisdictions, it refers to a decision made in the courts; in others, it represents a CPS caseworker's judgment. Finally, many of the demographic and case variables are not of interest solely for substantiated cases.

Since it has always been the Study's aim to describe the population of families that become involved with child protective services, the decision was made to no longer limit the national analyses to those reports clearly labeled as substantiated. The

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*The specific data elements used by the National Study, their definitions and the minimal sufficiency criteria are available upon request from the Child Protection Division, American Humane Association, Denver, Colorado.

fact is many of the "major" variables, such as "services provided" or "type of maltreatment", are indicated on reports only when there was an identified need for service. Many times these reports have also been labeled as substantiated; other times they have not. Therefore, the decision to include unsubstantiated reports in the analyses does not interfere with the validity of the relationships expressed by the data.

## OVERVIEW OF NATIONAL REPORTING STATISTICS

### National Reporting

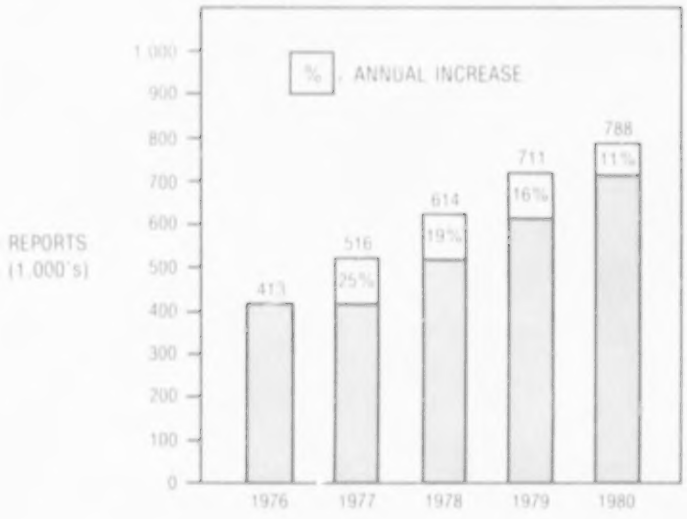
There was a total of 788,844 reports of child maltreatment documented nationwide during 1980. This figure represents both substantiated and unsubstatiated reports, and individual child as well as multi-child reports.

This total represents a 91 percent increase since 1976, which was the first year reporting data were analyzed by the National Study. This increase has resulted from significantly increased public awareness as well as from considerable improvements in the jurisdiction's reporting systems.

While on the one hand, the magnitude of the increase in reporting is startling, as can be noted from Figure 1, the rate of increase over time is definitely slowing.

FIGURE 1

**NATIONAL REPORTING OVER TIME**




This "decrease in the increase" can probably be attributed to two factors. First, the development of reporting legislation has

reached the point where it is now more similar than dissimilar across jurisdictions. This follows a period of rapid development when the total number of reports was particularly sensitive to the introduction of new legislation or policies. Second, in spite of the tremendous increase in reporting over the past few years, resources allocated to support the child protection service system have not kept pace, and, in fact, in many parts of the country, they have been reduced drastically. It seems reasonable to anticipate a continued decrease in the rate of increase in processing reports as CPS agencies continue to cut staff and re-prioritize the nature of the cases they can accept.

An issue that is often raised concerning reporting statistics is that they do not adequately reflect actual incidence of maltreatment, that many more incidents go undetected. This is true; the fact is reporting statistics cannot reflect actual incidence. The main reason for this is that the "reporting system", using the full meaning of the term, has not been designed to reflect the results of a routine screening of all the children in any given community. The existence of a maltreatment report is largely circumstantial. First, it depends on an encounter between a maltreated child and a reporter. Second, the reporter must be willing to make the report, and he or she must know how to do so. Compounding this, of course, are two assumptions implicit in the "reporting system": first, that there is universal agreement as to what constitutes child maltreatment, and second, that the reporter is able to recognize what he or she sees as maltreatment.*

In sum, reporting statistics, while representative of a portion of actual incidence, cannot be used in describing or even estimating actual incidence. Therefore, an increase in reporting cannot be directly linked to an increase in actual incidence, nor can a reduced rate of increase in reporting be interpreted to mean the actual incidence of maltreatment is leveling off or decreasing.

## Individual Jurisdiction Totals

Table 1 presents the total number of reports documented by the jurisdictions during 1980. The reader is asked to pay particular attention to the various footnotes associated with the totals as these help explain some of the variation among the jurisdictions. Also, note that unless indicated as otherwise, the totals represent family reports not child reports; the total number of involved children is higher than the report total.

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*For the reader's information, the results of a study that addressed the actual incidence of maltreatment are provided in Study Findings: National Study of the Incidence and Severity of Child Abuse and Neglect, OHDS Publication No. (OHDS) 81-30325, issued in September, 1981 and available from the U.S. Department of Health and Human Services, Washington, D.C., 20201.

TABLE 1
REPORT TOTALS, 1980

| JURISDICTION | REPORT TOTALS |
|---|---|
| Alabama | 17,315 |
| Alaska | 3,414[1] |
| Arizona | 7,597 |
| Arkansas | 8,656 |
| California | 97,329 |
| Colorado | 6,009 |
| Connecticut | 12,186[1] |
| Delaware | 2,459 |
| District of Columbia | 3,026[1] |
| Florida | 67,627[1] |
| Georgia | 7,984 |
| Guam | 229 |
| Hawaii | 2,227[2] |
| Idaho | 2,073[3] |
| Illinois | 37,476[1] |
| Indiana | 15,749 |
| Iowa | 13,483 |
| Kansas | 19,000 |
| Kentucky | 11,882 |
| Louisiana | 7,857 |
| Maine | 3,986 |
| Maryland | 5,669 |
| Massachusetts | 25,000[4] |
| Michigan | 30,727 |
| Minnesota | 6,236 |
| Mississippi | 2,388 |
| Missouri | 29,735 |
| Montana | 8,553[1] |
| Nebraska | 3,396 |
| Nevada | 3,400[5] |
| New Hampshire | 2,618 |
| New Jersey | 22,249[6] |
| New Mexico | 2,628 |
| New York | 55,937 |
| North Carolina | 16,579 |
| North Dakota | 1,669 |
| Ohio | 13,595 |
| Oklahoma | 8,191 |
| Oregon | 1,867[7] |
| Pennsylvania | 13,570[1] |
| Puerto Rico | 3,738 |
| Rhode Island | 3,000[5] |
| South Carolina | 9,535 |

TABLE 1 (CON'T)

| JURISDICTION | REPORT TOTALS |
|---|---|
| South Dakota | 4,144 |
| Tennessee | 26,656 |
| Texas | 45,030 |
| Utah | 5,859 |
| Vermont | 1,549 |
| Virginia | 34,008[8] |
| Virgin Islands | 45 |
| Washington | 36,997[1] |
| West Virginia | 7,652 |
| Wisconsin | 7,737 |
| Wyoming | 1,550 |
| TOTAL | 788,844 |

[1]Represents individual child reports as opposed to multi-child or family reports.

[2]This figure may include duplicate children, since if a child is reported for both abuse and neglect, the child is counted twice.

[3]Substantiated reports only.

[4]Represents an estimate and is based on individual child reports.

[5]Represents an estimate and is based on multi-child or family reports.

[6]Represents an estimate based on the data contained in the state's previous information system as well as the new one.

[7]Represents substantiated reports only and is based on individual child reports.

[8]This figure is accurate to within 2 to 3 percent.

## SUMMARY OF NATIONAL REPORTING STATISTICS

This section provides an overview of the data contained in the 1980 National Study data base. First, the distribution of reports across the jurisdictions that submitted the individual case data is presented in Table 2. Next, the distributions of reports across the various general data categories are given. When appropriate, the associated discussion focuses on trends over time.*

TABLE 2
DISTRIBUTION OF REPORTS ACROSS JURISDICTIONS
THAT SUBMITTED CASE DATA
(N = 376,895)

| JURISDICTION | ABUSE | NEGLECT | ABUSE/NEGLECT | OTHER* | TOTAL | % OF TOTAL |
|---|---|---|---|---|---|---|
| Alaska | 0 | 0 | 0 | 2,206 | 2,206 | 0.6 |
| Arizona | 1,921 | 2,650 | 597 | 2,404 | 7,572 | 2.0 |
| Arkansas | 2,792 | 4,827 | 1,092 | 0 | 8,711 | 2.3 |
| Colorado | 0 | 0 | 0 | 6,040 | 6,040 | 1.6 |
| Delaware | 312 | 832 | 239 | 294 | 1,677 | 0.4 |
| District of Columbia | 155 | 1 | 0 | 1,125 | 1,281 | 0.3 |
| Florida | 0 | 0 | 0 | 56,998 | 56,998 | 15.1 |
| Georgia | 0 | 0 | 0 | 7,979 | 7,979 | 2.1 |
| Hawaii | 990 | 453 | 110 | 5 | 1,558 | 0.4 |
| Idaho | 0 | 0 | 0 | 2,073 | 2,073 | 0.6 |
| Indiana | 6,879 | 8,455 | 26 | 247 | 15,607 | 4.1 |
| Iowa | 0 | 0 | 0 | 12,894 | 12,894 | 3.4 |
| Louisiana | 1,405 | 3,111 | 522 | 2,926 | 7,964 | 2.1 |
| Maine | 723 | 1,278 | 879 | 54 | 2,934 | 0.8 |
| Massachusetts | 0 | 0 | 0 | 10,378 | 10,378 | 2.8 |
| Michigan | 4,068 | 8,807 | 309 | 15,799 | 28,983 | 7.7 |
| Minnesota | 2,414 | 1,519 | 457 | 1,811 | 6,201 | 1.6 |
| Mississippi | 0 | 0 | 0 | 2,194 | 2,194 | 0.6 |
| Missouri | 6,093 | 13,664 | 1,207 | 4,623 | 25,587 | 6.8 |
| Nebraska | 421 | 684 | 488 | 4 | 1,597 | 0.4 |
| Nevada | 970 | 2,284 | 308 | 121 | 3,683 | 1.0 |
| New Hampshire | 701 | 768 | 404 | 275 | 2,148 | 0.6 |
| New Mexico | 910 | 1,250 | 443 | 17 | 2,620 | 0.7 |
| New York | 2,907 | 12,771 | 23,650 | 7,388 | 46,716 | 12.4 |
| North Carolina | 0 | 0 | 0 | 14,127 | 14,127 | 3.7 |
| North Dakota | 355 | 757 | 279 | 4 | 1,395 | 0.4 |
| Ohio | 6,760 | 6,358 | 1,916 | 80 | 15,114 | 4.0 |
| Pennsylvania | 0 | 0 | 0 | 13,511 | 13,511 | 3.6 |
| Rhode Island | 425 | 396 | 145 | 42 | 1,008 | 0.3 |
| South Carolina | 1,589 | 3,345 | 376 | 161 | 5,471 | 1.5 |
| Texas | 0 | 0 | 0 | 38,792 | 38,792 | 10.3 |
| Utah | 0 | 0 | 0 | 6,545 | 6,545 | 1.7 |
| Vermont | 298 | 411 | 770 | 2 | 1,481 | 0.4 |
| Virginia | 0 | 0 | 0 | 6,943 | 6,943 | 1.8 |
| Wisconsin | 3,134 | 2,511 | 298 | 20 | 5,963 | 1.6 |
| Wyoming** | 227 | 317 | 22 | 3 | 569 | 0.2 |
| Guam | 23 | 21 | 2 | 2 | 48 | 0.0 |
| Puerto Rico | 83 | 109 | 67 | 23 | 282 | 0.1 |
| Virgin Islands | 30 | 13 | 2 | 0 | 45 | 0.0 |
| TOTAL | 46,585 | 77,592 | 34,608 | 218,110 | 376,895 | 100.0 |

*"Other" includes all of those reports not clearly labled as either "Abuse", "Neglect" or "Abuse/Neglect", or those for which "Type of Report" was missing or incompatible with National Study criteria.
**Wyoming submitted data for half of the year.

*In 1979, major changes were made in the National Study data base system, which rendered comparison from previous years to recent years inappropriate for some variables.

The total of 376,895 reports in the National Study data base represents approximately 48 percent of all reports documented nationwide during 1980. This suggests that the National Study statistics are a fair representation of reporting on a nationwide basis.

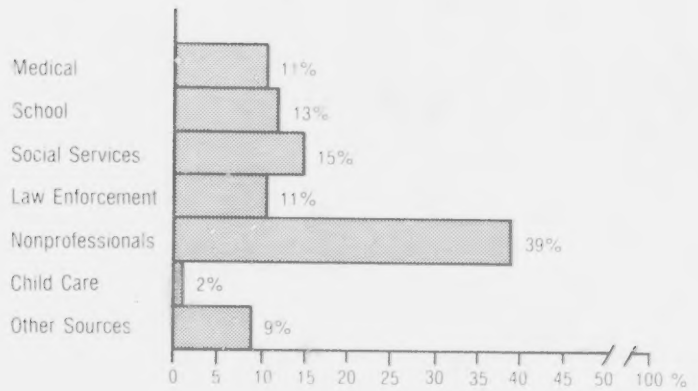
## Source of Initial Report

The "source of report" is the individual who brings a suspected incident of maltreatment to the attention of child protective services. Figure 2 shows the distribution of reports for various groups of reporting sources. Note that "Other Sources" refer primarily to anonymous sources.

FIGURE 2

**SOURCE OF INITIAL REPORT**

(N = 225,824)



There has been overall consistency in this distribution over time, in spite of a tremendous increase in reporting, changes in reporting legislation and policies, etc. One exception concerns social service personnel as reporting sources: in 1976, they constituted 9 percent of all sources, while as can be seen from Figure 2, they constituted 15 percent in 1980. "Other Sources" has shown a corresponding decrease, from 16 percent in 1976 to 9 percent in 1980.

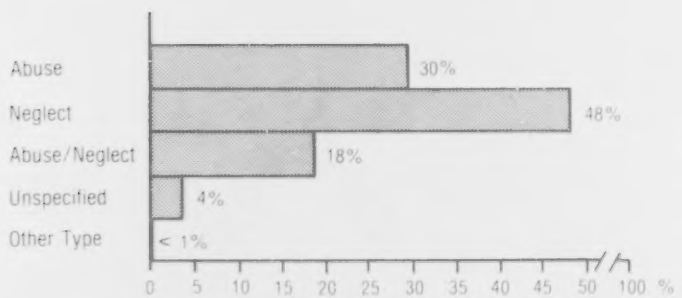
## Type of Report

Generally, "type of report" refers to how the case is labeled at the point of intake, as opposed to after the investigation is done. Figure 3 shows the distribution of reports across report types. Note that "Unspecified" refers to a report that had not been labeled as abuse or neglect and that "Other Type" refers primarily to reports labeled as "at risk"

FIGURE 3

**TYPE OF REPORT**

(N = 251,413)




Neglect continues to be the predominant type of report, though the proportion of reports labeled as neglect has gradually decreased over time, from 58 percent in 1976 to 48 percent in 1980. This is curious in light of the fact that the mandated reporting of neglect was not fully instituted nationwide until 1979. One might have expected an increase in reported neglect as efforts to identify it were implemented or expanded.

The proportion of reports labeled as abuse has fluctuated slightly over time, ranging between 25 and 30 percent. No real trend is apparent.

The proportion of reports labeled as abuse/neglect increased considerably beteen 1976 and 1978, from 15 percent to 26 percent, then it began to decrease, to 18 percent in 1980.

"Unspecified" and "Other" report types are categories that were introduced in 1979, so it is not yet possible to identify any trend with regard to their use. However, as more states begin to categorize reports in this way, the proportion of reports labeled as "Unspecified" or "Other" could very well increase.

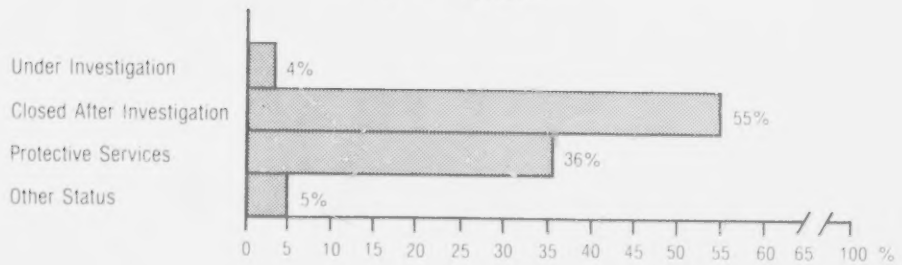
## Case Status

"Case status" refers to a decision made as a result of the investigation. It is not the same as substantiation status, as it is possible to label a reported case as unsubstantiated and yet still provide protective services, and vice versa. Figure 4 shows the distribution of reports across case status. Note that "Other Status" refers to reported cases that were either referred out or where the family could not be located.

FIGURE 4

**CASE STATUS**

(N = 179,639)



The proportion of reports that indicated "Protective Services Provided" increased since 1979, from 30 percent to 36 percent; those reports indicating "Closed After Investigation" decreased proportionately.* While it is premature to discuss this change as a trend it may be suggestive of an improvement in the application of stricter criteria at intake, i.e., screening out more reports where there is no clear need for further investigation.

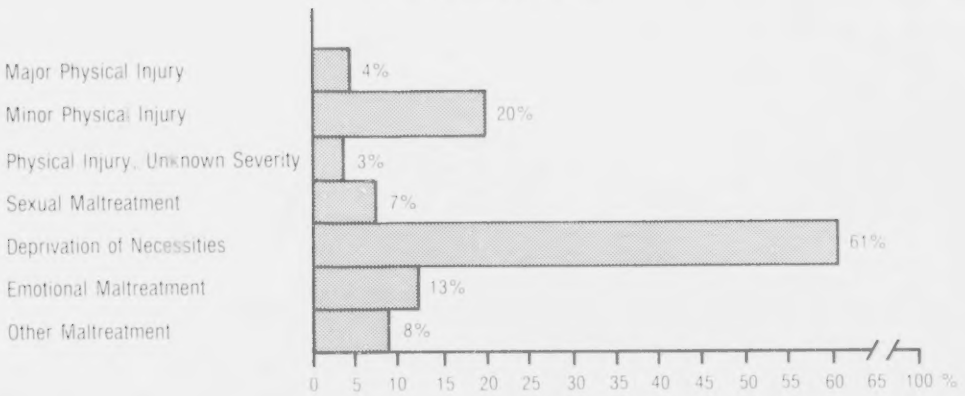
## Type of Maltreatment

"Type of Maltreatment" refers to the particular nature of the injuries or harm to which the child has been allegedly subjected. This typically is indicated after the investigation and in fact, can differ from what was originally reported. Figure 5 shows the distribution of involved children across various categories of maltreatment. Note that each child could have received more than one type of maltreatment, and that he or she could, then, be counted in more than one category.

FIGURE 5

**TYPE OF MALTREATMENT**

(N = 268,488 children)




*"Case Status" was introduced as a variable for the 1979 data. Since this information was not collected before then, it is not possible to identify any longer term trend.

While the overall pattern of this distribution has not changed over the past few years, there has been some variation in the frequency with which the various types of maltreatment have been indicated.

One notable example is that the rate at which sexual maltreatment is reported has increased by over 100 percent. In 1976, three percent of the maltreated children known to CPS through the reporting system were sexually maltreated; in 1980, this figure rose to seven percent. This trend is likely to continue as a result of recent efforts to encourage reporting of sexual maltreatment as well as generally heightened public awareness of the problem.

With respect to sexual maltreatment, for the reader's information, incest accounted for 27 percent of all sexual maltreatment in 1980. This figure was based on data provided by those jurisdictions that have the capability of specifying "incest" in addition to other forms of sexual maltreatment.

Another trend evidenced concerns physical injury. In 1976, major and minor physical injury together were indicated for 15 percent of all maltreated children. In 1980, they were indicated for 24 percent.

Both deprivation of necessities and emotional maltreatment have been indicated with decreasing frequency since 1978. This is not to say that the actual number of reported cases involving these types has decreased, but rather that the rate at which they were indicated as a proportion of all maltreatment has declined.

Apparently a trend is emerging whereby reported cases involving the more "serious" types of maltreatment are being increasingly seen by CPS agencies, whereas the proportion of reported maltreatment involving deprivation of necessities or emotional maltreatment is declining.

There are at least two lines of thinking that could be pursued in explairing this phenomonon. One would address the possibility that the nature of the maltreatment problem is actually changing. Another would address those factors that determine which types of families get into the system along with the receptivity of the system to them.

## Services Provided

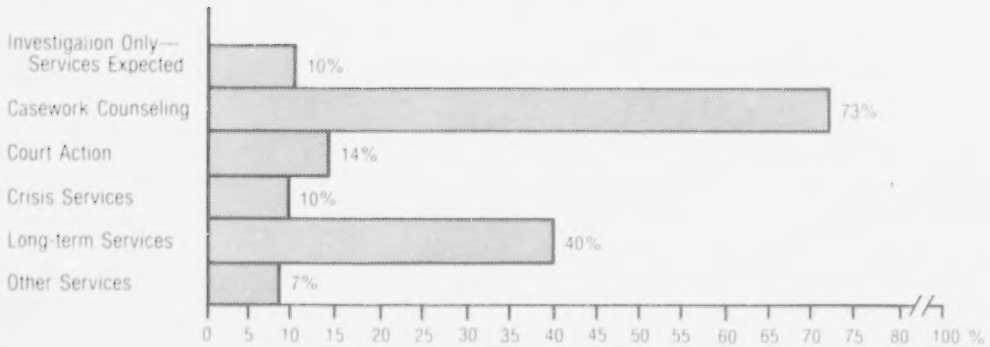
For those reported cases that were opened for protective services, it was possible to identify the types of services that

were provided. Figure 6 shows the distribution of reports across service categories. Note that since each report could have indicated more than one service type, the total is greater than 100 percent. The figure, of course, does not include those cases where no service was provided or expected.

FIGURE 6

**SERVICES PROVIDED OR ARRANGED**

(N = 51,050 reports)




The basic pattern of this distribution also has not changed over time. For example, casework counseling has always been provided most often. However, there are some definite trends evidenced with respect to the frequency with which the various types of services are indicated. "Casework counseling" increased dramatically between 1976 and 1979, from 48 percent to 77 percent, but fell off slightly in 1980, to 73 percent. "Court Action" went up from 15 percent to 20 percent between 1976 and 1977 but has steadily decreased since -- down to 14 percent in 1980. "Crisis services" has increased gradually from 5 percent in 1976 to 10 percent in 1980. "Long-term services" increased from 33 percent in 1976 to 42 percent in 1979, then declined slightly to 40 percent in 1980.

Public Assistance Status

The National Study defines "public assistance" as any type of federal, state or local assistance provided to low income families. Pensions and social security, for example, are not included because low income is not a requirement for receiving these types of aid. As such, public assistance status serves as a conservative representation of the proportion of low income

households reported for child maltreatment. Since most jurisdictions provide only AFDC, the low income two-parent families would also be excluded unless eligible for and receiving some other form of public assistance.

According to the 1980 data, 44 percent of the reported families were receiving public assistance; 56 percent were not. It is most significant that nearly half of the families involved with CPS are very poor; however, the data suggest that child maltreatment is not limited to low income families.

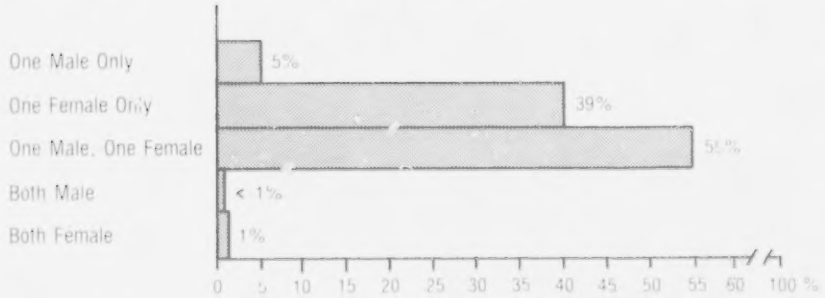
Caretaker Composition

The National Study defines a caretaker as a person who has responsibility for a child on a 24 hour, seven day a week basis. Teachers and babysitters, for example, are not considered as caretakers, nor are boyfriends of caretakers when they are not living with the children. Also, note that approximately 98 percent of the caretakers in the data base were parents. Furthermore, as in previous years, nearly all perpetrators (95 percent) were the parents. Figure 7 shows the distribution of reports across the categories of caretaker composition.

FIGURE 7

**CARETAKER COMPOSITION**

(N = 193,815)




The proportion of reported families headed by a single parent (including "male only" and "female only") has increased over the past few years, from 38 percent in 1977 to 44 percent in 1980. More significant, however, is that single parent families are very much overpresented in the population of all reported families: only 20 percent of all U.S. families were headed by a single parent in 1980, compared to 44 percent of all reported families.*

*The figure for all U.S. families is from Population Profile of the U.S., 1980. Series P-20, No. 363, U.S. Bureau of the Census.

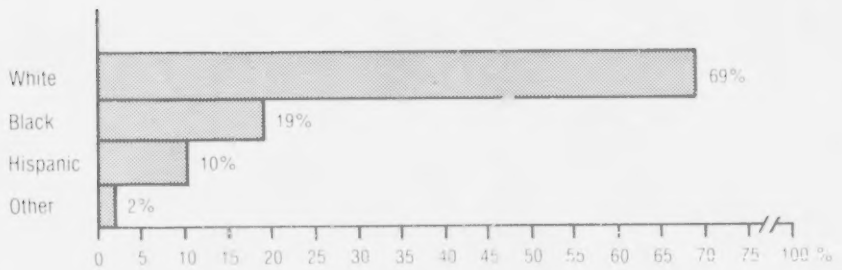
## Race of the Involved Child

Figure 8 shows the distribution of involved children across race categories.

FIGURE 8

**RACE OF THE INVOLVED CHILDREN**

(N = 419,822)




Unfortunately, it is not possible to compare these figures with the recent Census Bureau figures for the general population because of differences in how the statistics are aggregated.* However, in the reporting data related to race over time, the proportion of White children has increased significantly, from 54 percent in 1976 to 69 percent in 1980. The proportion of Hispanic children has decreased slightly from 13 percent in 1976 to 10 percent in 1980. "Other" has also decreased, from 12 percent in 1976 to 2 percent in 1980. The proportion of Black children has remained relatively constant.

## Family Stress Factors

The categories of stress factors used by the National Study are operationally defined by various problems experienced by, or characteristics of, families involved in maltreatment. For example, "family interaction problems" include variables such as spouse abuse or inability to cope with parenting responsibility. Examples of "health problems" include mental illness, or chronic illness. Examples of "economic problems" include insufficient income or employment problems.

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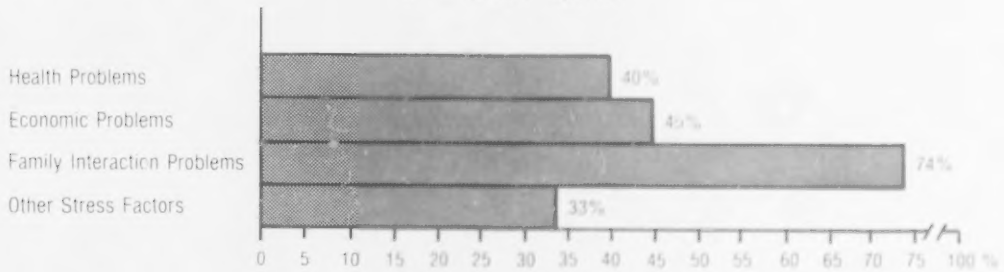
*For example, "Hispanic" is considered a distinct category by the National Study, but not by the Census Bureau.

Figure 9 shows the frequencies with which the various types of stress factors were indicated for involved families. Note that more than one category of stress could have beeen indicated for each family, so the total is greater than 100 percent. Also, "other stress factors" refer to problems or characteristics that could not accurately be placed in one of the other major categories.

FIGURE 9

**FAMILY STRESS FACTORS**

(N = 61,617 reports)




The average number of stress categories indicated for each family was 1.9. That families involved in maltreatment experience stress in their lives is not surprising. What these data demonstrate in particular is the multiplicity of their problems; stress tends to pervade all aspects of these families' lives.

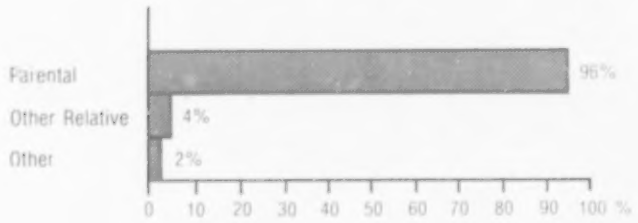
Involved Child Relationship to Perpetrator

Figure 10 shows the frequencies with which the major relationship categories were indicated for involved children. Note that the total is greater than 100 percent because each child could have been involved with more than one perpetrator.

FIGURE 10

**INVOLVED CHILD RELATIONSHIP TO PERPETRATOR**

(N = 166,501 children)




This pattern is consistent with those for previous years. It continues to demonstrate that it is primarily the child's own parents who are most likely to maltreat him or her.

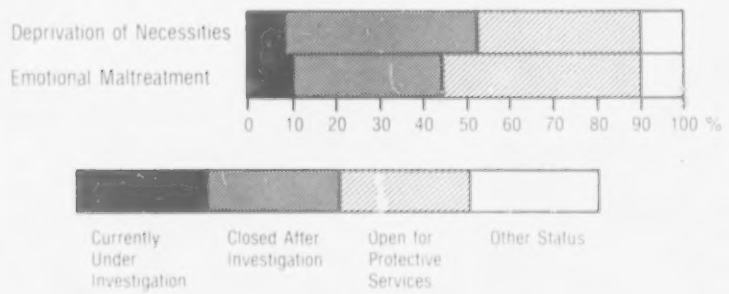
## SELECTED ISSUES RELATED TO REPORTED MALTREATMENT

This section addresses some of the major areas of interest related to reported child maltreatment by examining the results of cross tabulations of selected variables. The particular analyses used in this section represent only a few of those routinely produced in the national statistics. However, they are fairly representative of the type of issues most frequently raised by CPS policy makers and program administrators. Therefore, in addition to their inherent utility in further describing the nature of reported maltreatment, they also serve as examples of the kind of information that is available to those concerned with the planning for and provision of child protective services.

The reader is strongly urged to read the following discussion carefully because it describes how to read the graphs contained in this section.

Each row represents the distribution of a variable as it is associated with a particular category. The "bars" or shaded sections in the rows represent the elements of the variable that are being distributed. At the bottom of each graph is the key that tells what element each of the bars represent. The length of each of the bars corresponds to the frequency with which the element was indicated for the category. For example:

**EXAMPLE**


Deprivation of Necessities
Emotional Maltreatment
0 10 20 30 40 50 60 70 80 90 100 %
Currently Under Investigation
Closed After Investigation
Open for Protective Services
Other Status

This figure shows the distribution of "case status" across types of maltreatment. According to the key, the first bar represents "currently under investigation". Looking at where the bar ends

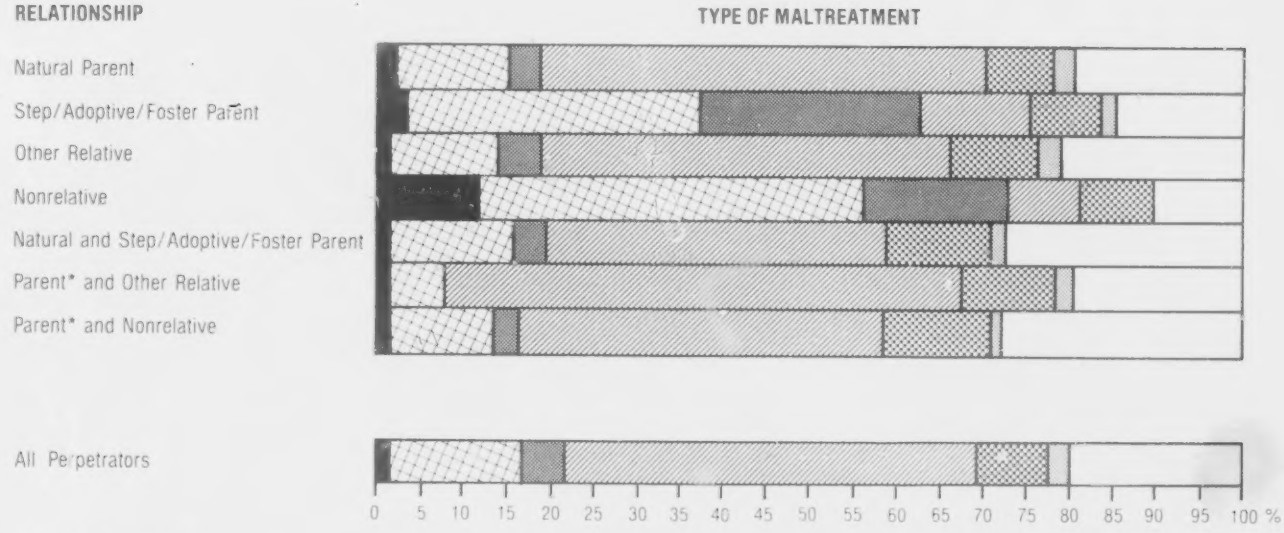
on the row for "deprivation of necessities", it can be seen that "currently under investigation" was indicated for about eight percent of all reports that indicated deprivation of necessities. "Currently under investigation" by comparison was indicated slightly more often for emotional maltreatment, which is displayed in the second row. The next bar represents "closed after the investigation". By seeing where the bar begins and ends it can be determined that this status was indicated for about 45 percent of deprivation of necessities (52 percent minus 8 percent) but for only about 35 percent of emotional maltreatment (44 percent minus 9 percent). Continuing, "open for protective services" was indicated for about 38 percent (90 percent minus 52 percent) of deprivation of necessities, whereas it was indicated more often for emotional maltreatment.

Again, the function of these graphs is to allow the reader to make general comparisons. This can readily be done by simply "eyeballing" the graphs, but it is important to keep in mind that the length of every bar represents the share that each element has of the distribution.

Type of Maltreatment by Caretaker-Perpetrator Relationship

Figure 11 illustrates the distribution of maltreatment types for all perpetrator relationships. Because there may be more than one alleged perpetrator, and since the study allows up to two caretakers per child, several combination categories are included when both perpetrators are also the child's caretakers.

FIGURE 11
**TYPE OF MALTREATMENT BY PERPETRATOR RELATIONSHIP**
(N = 55,312)



This figure reflects the overall pattern of maltreatments discussed earlier, but more importantly, it points out some distinct differences among the types of maltreatment associated with various relationships. Major physical injury occurs in over ten percent of the reported cases involving nonrelatives, in contrast to all the parent categories and the other relative category, where the corresponding figure is only about two percent. Minor physical injury was reported for 45 percent of the nonrelative perpetrators, and thus the total physical abuse that occurs when nonrelatives are perpetrators is significantly higher than in all other instances. "Step/adoptive/foster parents" are also associated with greater than average minor physical injury, as well as with by far the greatest frequency of sexual maltreatment. Sexual maltreatment occurs with greater frequency for nonrelatives as well.

Deprivation of necessities occurs with greatest frequency when natural parents or "parent and other relatives" are perpetrators. Here, major physical injury and sexual maltreatment are relatively infrequent. Because natural parents are overwhelmingly the perpetrators of maltreatment the distribution of maltreatment types for natural parents significantly influences the pattern for the entire sample -- the pattern discussed in an earlier section (see Figure 5). However, Figure 11 illustrates quite forcefully the exceptions to the general pattern.

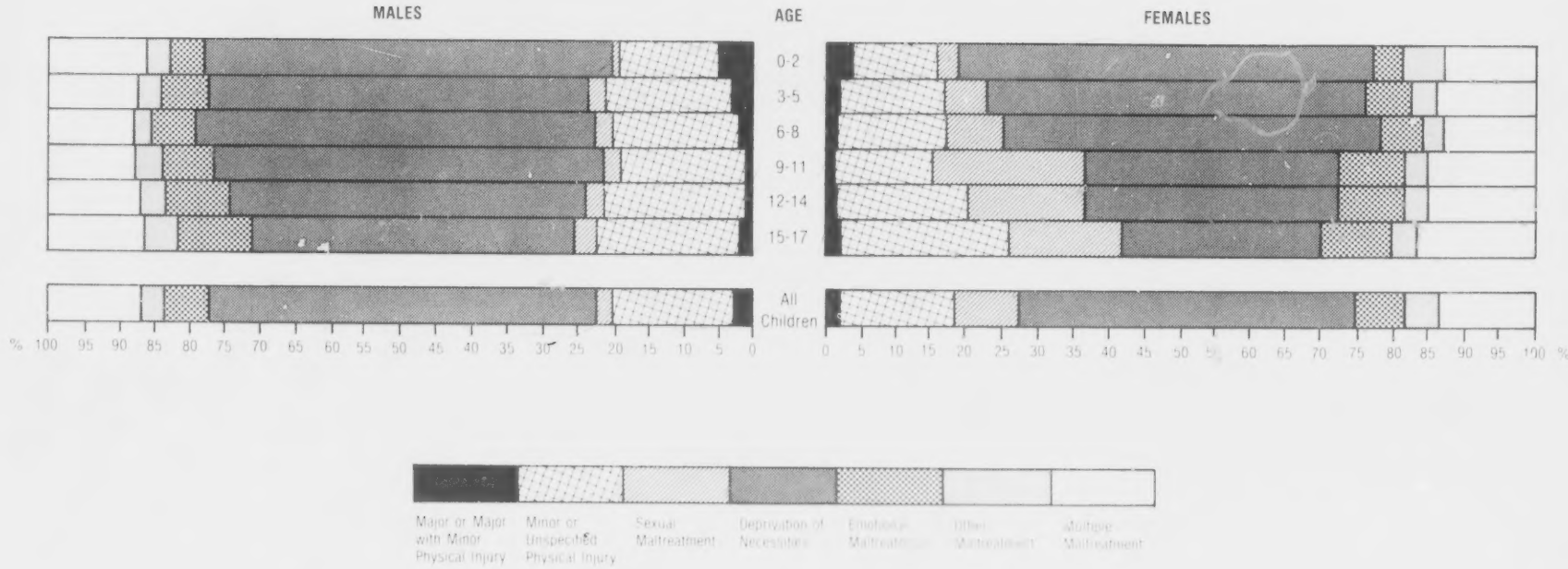
## Type of Maltreatment by Age and Sex of the Involved Child

As can be seen in Figure 12, the overall distribution of maltreatment types for all ages is very similar for both male and female children. However, a notable exception concerns sexual maltreatment, which was indicated with greater frequency for females, while deprivation of necessities was indicated with somewhat less frequency.

It is interesting to note that major physical injury generally declines with age up until the age of 15, when it increases again.

FIGURE 12

**TYPE OF MALTREATMENT BY AGE AND SEX OF INVOLVED CHILDREN**
(N = 262,094)


MALES
AGE
FEMALES
0-2
3-5
6-8
9-11
12-14
15-17
All Children
% 100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20 15 10 5 0
0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100 %
Major or Major with Minor Physical Injury
Minor or Unspecified Physical Injury
Sexual Maltreatment
Deprivation of Necessities
Emotional Maltreatment
Other Maltreatment
Multiple Maltreatment

## Type of Maltreatment by Age and Sex of Perpetrator

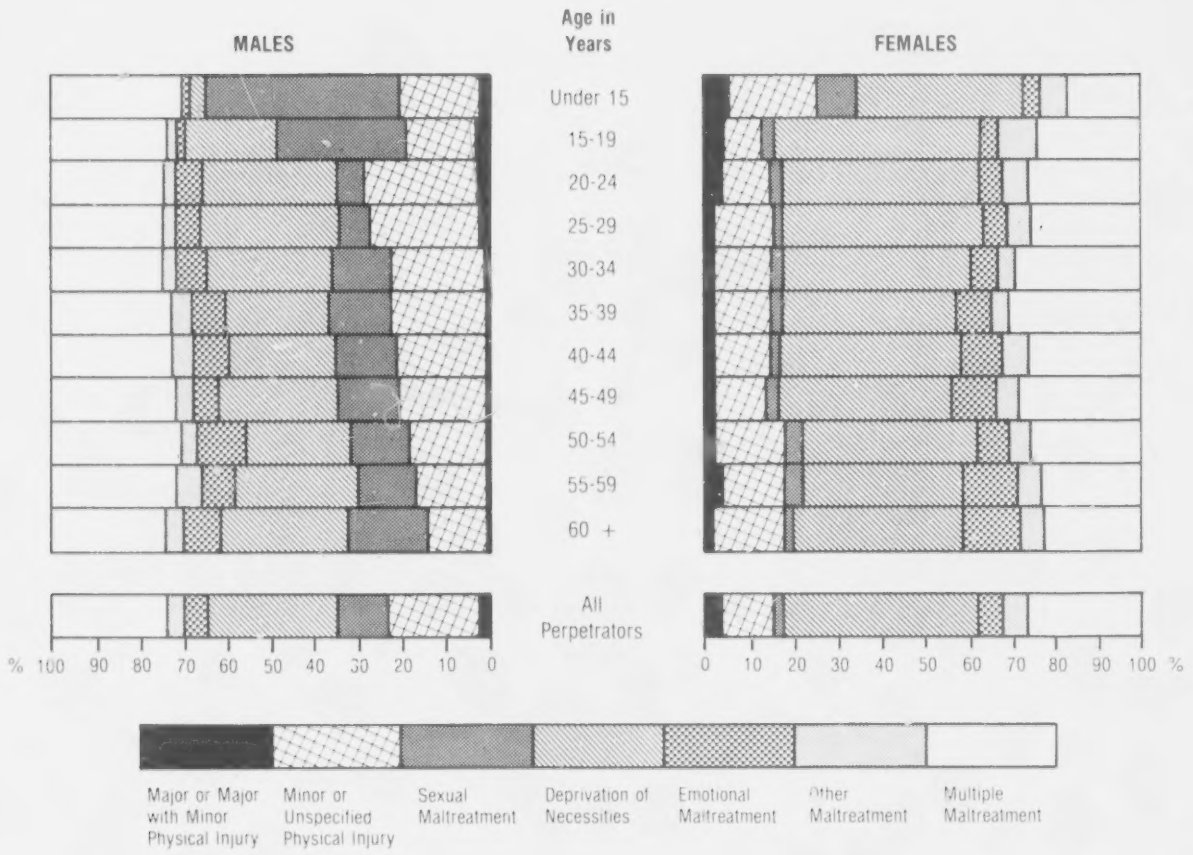
Figure 13 portrays the distribution of type of maltreatment by age and sex of perpetrator. In general, men and women differ as groups in that sexual maltreatment occurs more often with male perpetrators, while deprivation of necessities occurs more often with females. The latter surely reflects the fact that women are more often caretakers of their children, and often, the sole caretakers; in this sense, the likelihood of neglect is more probable with women than with men.

For the most part, the pattern for each age category of perpetrator approximates the pattern for all perpetrators. However, there are a few exceptions. Female perpetrators under age 15 are associated with a greater frequency of major and minor physical injury and of sexual maltreatment. Sexual maltreatment by this group occurs at about three to four times the rate for older female perpetrators. Conversely, emotional maltreatment occurs more often with older female perpetrators. Male perpetrators under age 20 are also associated with greater sexual maltreatment, also at a rate of three to four times the rest of the sample; neglect is correspondingly less frequent. These figures seem to reflect what we know from previous years' findings, which is that male perpetrators under 20 years of age are much less likely to be the child's caretakers, and thus, less likely to be implicated in neglect. Men in their twenties are least likely to be involved in sexual maltreatment, and more likely to be associated with minor physical injury. For men over thirty, frequency of minor physical abuse declines gradually, while for women, there is no similar decline. For both sexes, major physical abuse -- though quite infrequent -- generally declines with age.

FIGURE 13

**TYPE OF MALTREATMENT BY AGE AND SEX OF PERPETRATOR**

(N = 61,723)



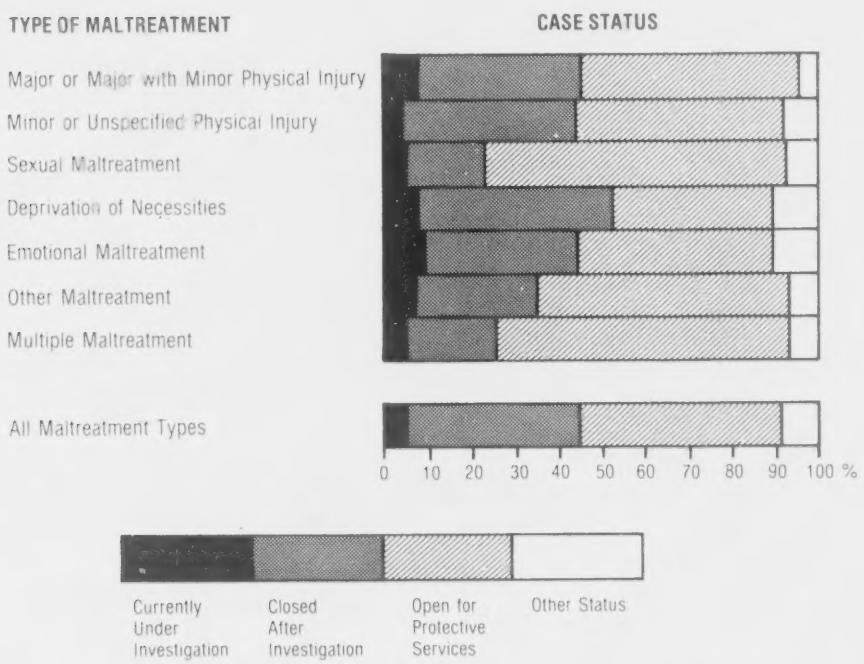
## Case Status by Type of Maltreatment

Figure 14 provides a general view of which aspects of the maltreatment problem are most likely to be responded to by child protective services. The reader is reminded that this figure includes only those reported cases in which a specific maltreatment was identified after an investigation was made -- not all reported cases.

FIGURE 14

**CASE STATUS BY TYPE OF MALTREATMENT**

(N = 107,950)




This figure indicates that a total of about 47 percent of such cases were opened for protective services, compared to only 36 percent of all reported cases (as shown in Figure 4). It is noteworthy that although services are more often provided when a type of maltreatment has been specifically identified, nearly 40 percent of these cases are still closed after the investigation.

It is evident that child protective services respond differentially to various types of maltreatment. Children experiencing sexual maltreatment, "other" maltreatment, and "multiple maltreatment" more often receive protective services than other cases (at rates of 70 percent, 60 percent, and 70 percent, respectively). Children who experience neglect are much less frequently served (38 percent); that is, even though deprivation of necessities has been identified, nearly half of these reported cases are closed after an investigation is made.

Figure 14 really raises more questions than it answers, informing us about when child protective services are most likely to respond, but not telling us why. Given scarce resources, there may be some bias in the direction of serving children perceived as having more "serious" problems. However, even if this is so, it is difficult to understand why about 40 percent of the reported cases involving major physical injury are closed after investigation.

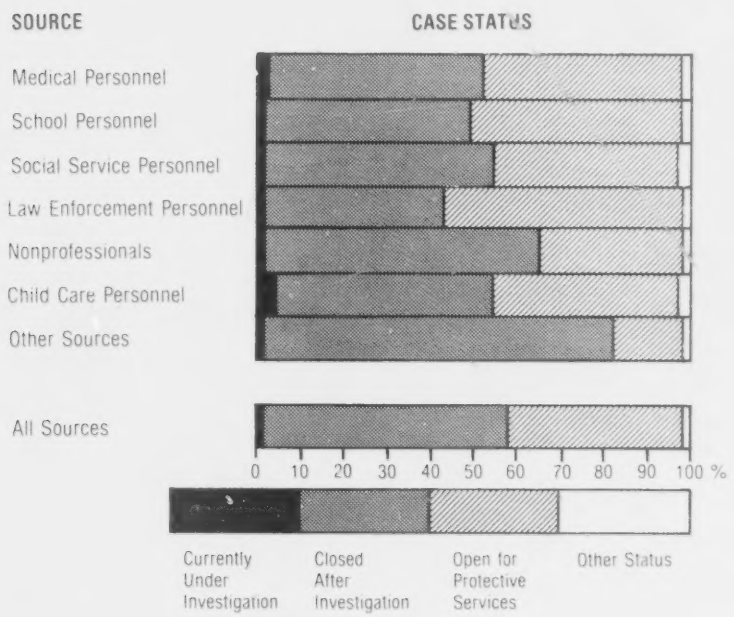
## Case Status by Source of Report

Figure 15 illustrates case status by source of report. Unlike the previous graph, the graph below includes all reported cases for which a reporting source was indicated, not just those cases in which a definite maltreatment was identified. Again, it appears that the responses of child protective services vary, with different rates of service provision for different report sources.

FIGURE 15

**CASE STATUS BY REPORTING SOURCE**

(N = 96,353)



Reports made by law enforcement personnel are most likely to receive protective services (55 percent of the reported cases), followed closely by medical and school personnel (about 50 percent each). Reports made by social service and child care personnel receive services about 42 percent of the time. Cases reported by nonprofessionals are open for protective services in about 35 percent of the cases, while cases reported by "others" -- usually anonymous sources -- are opened only about 16 percent of the time.

These findings are quite comparable to past years' findings, and consistent explanations may be offered. First, law enforcement personnel are always available, are more likely to be called in in the most severe and obvious cases, and are highly trained in investigative skills. The reports they do make are not likely to be based on speculation, but more likely to be based on the certainty of serious maltreatment and such cases are less likely to be closed after investigation. Second, medical, school, social services, and child care personnel are professionally trained and more experienced in recognizing the signs of child maltreatment than the average citizen. While nonprofessionals are the largest reporting source (see Figure 2), it is their reports (along with anonymous sources) that are least likely to receive protective services.

Although plausible arguments can be given that attribute differential responses by child protective services to the greater validity of certain reporting sources, another explanation is possible: it may be true that workers take more seriously the reports made by professionals, regardless of whether these reports are any more accurate. Although the data cannot resolve this ambiguity, they underline a dilemma that exists for child protective services. To the extent that the first explanation is true, it suggests a need for more adequate public information to reduce the number of inaccurate reports while keeping up awareness about the real problems and symptoms of child maltreatment. If the second is true, there is a need for more worker training to reduce biases due to worker's perceptions of the legitimacy of different reporters. In either case, a situation of scarce resources makes it difficult to encourage the reporting of suspected child maltreatment while not being able to increase the level of services provided.

## Services Provided by Type of Maltreatment

Figure 16 shows the relationships between type of maltreatment and the services that were provided. Note that with one exception, reports that indicated more than one service type were put into the "multiple services" category. The exception concerns "court action": in addition to all those reports that indicated only court action, this category contains most of those reports that indicated court action in conjunction with other services.

The category "investigation only - services expected" refers to those reported cases where maltreatment has been identified but for which no specific services have been provided by the time the data report had been submitted. This situation occurred more often for deprivation of necessities than for the other types of maltreatment.

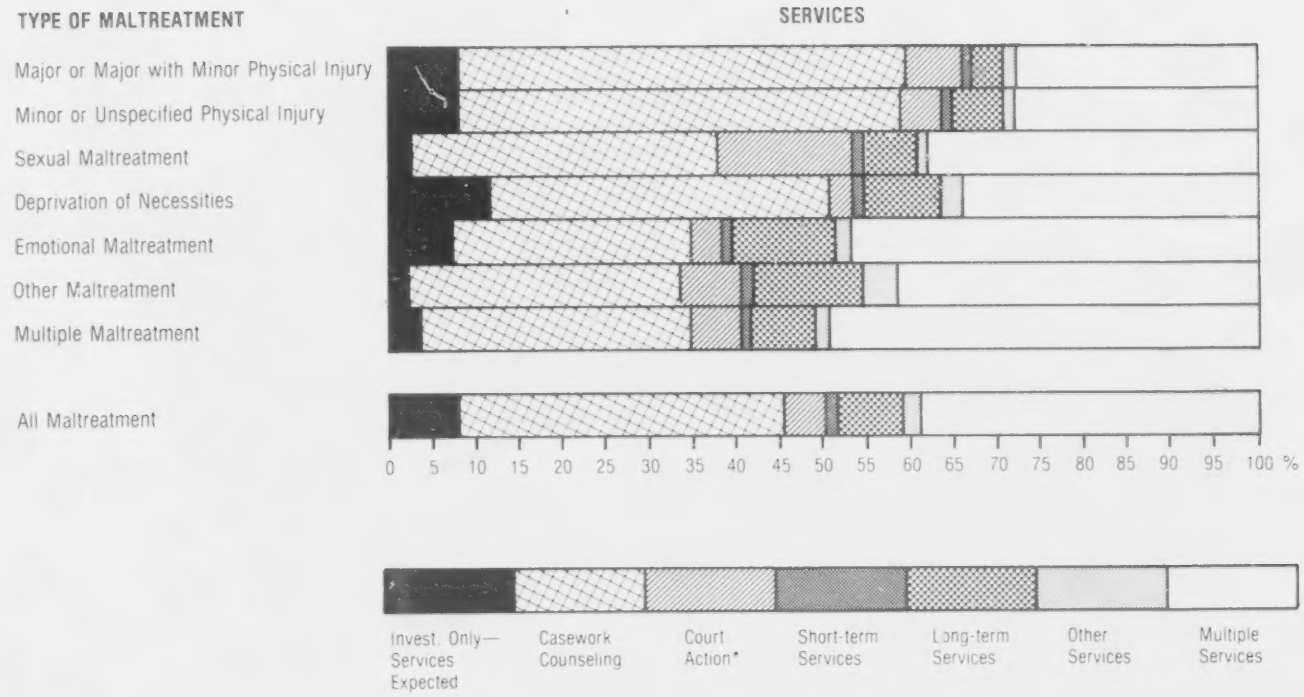
"Court action" was indicated most frequently for sexual maltreatment, even more often than for the physical injury categories. The more frequent use of the courts for sexual maltreatment represents a prevalent view on the part of many CPS professionals and the public in general that this form of maltreatment requires particularly firm enforcement of the mandate to protect chidren from continued maltreatment. However, the field remains divided. Some believe that casework directed toward understanding and remedying the underlying family dynamics can be equally effective without court intervention. Still others promote the use of the courts in combination with casework.

It is interesting to note that "short-term services", which includes emergency shelter care and emergency medical care, was indicated with nearly equal frequency for all types of maltreatment. One might have expected it to have been indicated more frequently for major physical injury, for example. However, it is unlikely that this would be the only service provided to these particular cases; one could assume that the "multiple services" category contains many of the reports indicating short term services in conjunction with other services.

FIGURE 16

**SERVICES PROVIDED BY TYPE OF MALTREATMENT**

(N = 57,321 involved children)




*Includes reports indicating "court action" only, and those indicating "court action" plus another service category.

## Fatalities

The National Study received data related to fatalities from 27 of the 54 jurisdictions. This means that the total number of children who were reported to have died as a result of maltreatment in 1980 is not available to this study. However, the following information related to the 421 fatalities included in the data base is informative.

Reports involving fatalities came primarily from medical personnel (37 percent) followed by social service personnel (30 percent). The involved families were somewhat more likely to be headed by both a male and female caretaker than was characteristic of all reported families (63 percent compared to 55 percent). The perpetrators were most likely to be the child's parents (95 percent).

The children reported as fatalities were generally much younger than all reported children: their average age was 2.8, compared to 7.3 for all reported children. Slightly more males than females were represented -- 53 percent compared to 47 percent.

Major physical injury was the most frequently indicated type of maltreatment (52 percent), followed by deprivation of necessities (43 percent).

## SUMMARY AND CONCLUSIONS

The number of child maltreatment reports processed by child protective service agencies nationwide nearly doubled between 1976 and 1980, from about 413,000 to over 788,000. However, the rate at which reporting increased from year to year has steadily declined.

This "decrease in the increase" can probably be attributed to a combination of factors. First, the earlier rapid increase in reporting coincided with a period of rapid development of reporting systems, when the total number of reports was particularly sensitive to the introduction of new legislation. More recently, reporting legislation has reached the point where it is now very similar and relatively stable across the jurisdictions. Second, there is some evidence that while reporting of cases involving physical injury and sexual maltreatment is increasing, reporting of neglect - which constitutes the majority of all maltreatment - is proportionately decreasing relative to previous years. In short, the "decrease in the increase" may be occurring because the rate at which neglect is reported is declining.

These findings suggest an important change in the nature of the maltreatment problem that is being responded to by child protective services. It may be that there has been a change in emphasis on the part of the public and CPS agencies characterized by diminishing receptivity to the "less serious" forms of maltreatment, and heightened receptivity to the "more serious" forms. This could be related to the fact that while there has been a considerable increase recently in the level of public awareness with regard to the child maltreatment problem, public awareness efforts focus almost exclusively on "child abuse", not on neglect. Furthermore, resources allocated to support the CPS system have not kept pace with the tremendous increase in reporting. Faced with a choice, as it were, the reporting public as well as CPS agencies may be beginning to narrow their efforts to responding to those children perceived to be most at risk.

The National Study data base has steadily grown over the years to include more of the actual reports from states; as of 1980, 39 jurisdictions are providing raw data to the National Study. Of the 788,844 official reports in 1980, 376,895 or 48 percent are in the National Study computerized data base. The national analysis is based on these reports which are a substantial proportion of national reporting. The characteristics of these reports has been the main thrust of this analysis and in summary they fall into rather consistent patterns over the years.

The sources of reports have consistently included more non-professionals (friends, neighbors, relatives) than any single professional group. The proportion of anonymous reports has decreased over the years. Social services professionals particularly and school personnel as well have shown a steadily increasing representation among reporters. Medical and law enforcement personnel have remained relatively constant.

A continuing area of concern is the large proportion of reports that are simply closed after the investigation. This has included more than half the reports received by the states every year. One concern is that the investigation of these reports requires scarce agency resources that might be better invested in serving families. If the level of public and professional awareness could be raised so that mainly cases appropriate for child protective services are reported, CPS resources could be better targeted. There is also the concern that many of the 55 percent of the reports closed after investigation really do warrant services but for some reason do not receive them. Clearly, a more systematic analysis of this matter is needed so that the meaning and implications of the statistics can be determined.

The documented types of maltreatments in 1980 indicate a tendency toward more "serious" or more obvious forms of maltreatment. There was a higher proportion of physical injury and sexual abuse among the reported maltreatments than in previous years.

It is interesting that the proportion of types of maltreatments identified as deprivation of necessities and emotional maltreatment have decreased since 1978. This has been the case even though maltreatment is a multiple response variable and thus these could have been indicated along with other maltreatments. Without more years of data it is impossible to specify a trend, but this may reflect a shift in policy to direct limited resources toward cases perceived as more serious.

The services provided to families have followed a consistent pattern over the years with minor variation from year to year. Most open cases receive casework counseling; in addition, long-term support services have been increasingly provided over the years. After a period of involving the court somewhat more frequently, the trend in recent years has been to have relatively fewer cases receive court action. This is significant in light of other data indicating an emphasis on the more serious cases as well as the increasing proportion of sexual abuse reported. The data show sexual abuse is more likely than other maltreatments to result in court action. In addition, one would also assume that CPS systems would involve the court more often since they are being publicly challenged about their case management. Again, this issue warrants systematic analysis.

A persistent characteristic of the families reported for maltreatment since 1976 is that they are very poor -- almost half are receiving public assistance. In addition, 44 percent are single parent families whereas only 20 percent of all U.S. families are in that category. The stress factors documented for the reported families also consistently indicate a multiplicity of problems: many families are experiencing health problems, economic problems and family interaction problems concurrently.

The relationship data has probably been the most stable over the years -- 96 percent of the perpetrators are the child's own parents. This underscores the vital need for child protective services that take into account the families' needs and problems, not just those of the child.

Except for the oldest group, children of all ages continue to be reported in relatively similar proportions. The maltreatments do differ by age in that physical injury occurs more frequently to those under two and increases again for the 15-17 year old child. Sexual maltreatment is mainly experienced by female children, particularly those over nine with the highest proportion in the 9 - 11 year old range. Emotional maltreatment seems to occur relatively equally to males and females and is reported more often for older children.

When looking more closely at those cases where a specific maltreatment was documented (not just reported), it is disturbing that nearly 40 percent were closed after the investigation. This means they did not receive protective services. Upon further analysis it is clear that some maltreatments are more commonly associated with services than others. Children experiencing sexual maltreatment and "multiple" maltreatment are more likely to receive protective services than those experiencing deprivation of necessities. Yet even in those cases, 30 percent of the sexually and multiply maltreated do not receive protective services.

Explaining this phenomenon is difficult without a more detailed analysis of local CPS procedures and policies. However, it is reasonable to suggest that CPS agencies may be prioritizing certain reported cases for services on the basis of the type of maltreatment experienced by the child because of public pressure and/or decling resources. What seems clear is that a large share of the reported cases do go unserved, and that among these cases are many children who have experienced some form of maltreatment. This is an extremely important issue, one that certainly warrants further analysis.

While abuse is clearly the most frequent type of maltreatment associated with fatality, the high frequency of deprivation of necessities found in these data (43%) would mitigate against policy changes to omit an entire category of maltreatment such as neglect from the CPS mandate, as is being considered in some jurisdictions.

The nature of the families involved in reports of child maltreatment are experiencing a multitude of problems, and the CPS system cannot always step in to ameliorate the problem. Given the high levels of stress, the very low incomes of most of the families and the high proportion of single parents, it is difficult to imagine the children will be protected without some outside intervention. If child protective service systems are being increasingly overwhelmed with the volume of reporting and beset with inadequate resources to serve these families, as a society we may need to develop alternative support systems. We need to assure that our children are protected, families can get the help they need to manage their lives and the next generation is not also faced with the enormous level of child maltreatment confronting us today.